


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90034 038 \*\*\*\*\*50.00

<b>DOCUMENT # L02000013077</b>	
1. Entity Name ECRFS, LLC	

Principal Place of Business 1423 SE 10TH STREET CAPE CORAL FL 33990	Mailing Address 5251 RUSTIC DRIVE PUNTA GORDA FL 33982
---	--



2. Principal Place of Business 5251 RUSTIC DRIVE	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

1st MOORE CR2E083 (10/05)

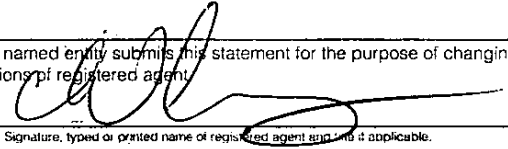
City & State PUNTA GORDA, FLORIDA	City & State
Zip 33982	Country USA

4. FEI Number 04-3683132	Applied For Not Applicable
-----------------------------	-------------------------------

6. Name and Address of Current Registered Agent  LOMANGINO, CHARLES 5251 RUSTIC DRIVE PUNTA GORDA FL 33982	
--	--

5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required
--

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE 	DATE 4/13/06

Signature, typed or printed name of registered agent and it applicable.

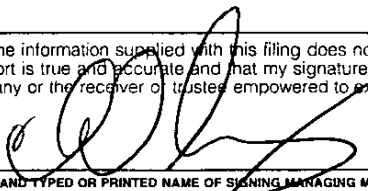
(NOTE: Registered Agent signature required when reinstating)

DATE

<p><b>FILE NOW!!! FEE IS \$50.00</b> <b>Make Check Payable to Florida Department of State</b> <b>Due By May 1, 2006</b></p>	
---	--

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P LOMANGINO, CHARLES 5251 RUSTIC DRIVE PUNTA GORDA FL 33982 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP LOMANGINO, ROBERTA 5251 RUSTIC DRIVE PUNTA GORDA FL 33982 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:**  Charles Lomangino 4/13/06 941-637-1219

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #